

AEHC District Director Nomination Form

I propose for the office of _____ District Director.
District

Name

Address

City/State/Zip Code

County

Telephone Number, include Area Code

E-Mail Address

Qualifications

1. Number of years in Extension Homemakers _____

2. Any nominee eligible for any District Director must have previously served as an elected officer of a County Council or as an Associate District Director. Please list elected offices held:

Local Date Held

County Date Held

State Date Held

3. Please list important committee assignments:

State Date Held

State Date Held

4. Has the nominee given her/his consent in writing? _____ If so, please attach.
5. Nominees are required to attend the Annual State Meeting at which the election is held. Will this nominee attend the Annual State Meeting? _____
6. Is the nominee free to represent AEHC at meetings other than AEHC meetings? _____
7. Is the nominee proficient in parliamentary procedure? _____
8. Has the nominee shown leadership in organization and planning? _____

If so, give examples: _____

9. List community activities in which the nominee participates:

- Attach a statement giving the nominee's qualifications for the office sought including experiences in leadership roles in EHC and other organizations. This should not exceed one page.
- Attach the statement of nominee's consent and endorsement by the appropriate officer of the County Extension Homemakers Council and the County Extension Agent - Family and Consumer Sciences.

This form was completed by

An Elected County Extension Homemakers Officer

Address/City/State/Zip Code/County